

PROVIDER BULLETIN

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Comprehensive and Community Support Waivers: Communication Skills Instruction, Community Transition, and Out of Home Respite Services

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Waiver Renewal

The Comprehensive and Community Support Waivers renewals were submitted to the Centers for Medicare and Medicaid Services (CMS) and approved by CMS effective July 1, 2016. Communication Skills Instruction (procedure code H2014) was removed from the waivers due to the service not being utilized. The Community Transition and Out of Home Respite definitions were revised as described below. Revisions to other waiver services are described in separate provider bulletins.

MO HealthNet DD Waiver Provider Manual

The MO HealthNet DD Waiver Provider Manual has not been updated with the information in this bulletin. The provider manuals will be updated when the remaining Department of Mental Health (DMH) Waivers (MO Children with Developmental Disabilities, Partnership for Hope, and Autism Waivers) have been amended or renewed to reflect the changes noted in this bulletin. The information contained in this bulletin is applicable to the Comprehensive and Community Support Waivers effective July 1, 2016.

Community Transition

The service definition for Community Transition has been added to the Community Support Waivers. The following information describes the revisions for the approved Community Transition definition:

- To facilitate the state's transition toward compliance with the community settings requirement of the Home and Community Services rule effective March 2014, community-based living arrangements are not provider owned and controlled. They

include homes where waiver participants own or rent, with or without housemates, and receive Individualized Support Living services.

- Community Transition services may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing.
- Total transition services are limited to \$3,000 per participant over their lifetime in the process of moving from a congregate living setting to the community.

Out of Home Respite

The service definition for Out of Home Respite is revised to facilitate the state's transition toward compliance with the community settings requirement of the new Home and Community Services rule effective March 2014. Out of Home Respite provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities or State Habilitation Center cannot exceed 30 days.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896